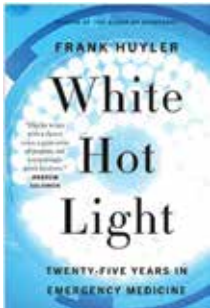


Book reviews

David A. Bennahum, MD, and Jack Coulehan, MD, Book Review Editors



White Hot Light: Twenty-five Years in Emergency Medicine

Frank Huyler
Harper Perennial, 1st edition August 25, 2020, 272 pages

Reviewed by Danielle Ofri, MD, PhD, DLitt(Hon), FACP

Shortly after I completed my medical training at Bellevue Hospital in New York City, I found myself in a storefront family clinic in Farmington, New Mexico. The contrast could not have been starker. Manhattan's frenetic bustle gave way to an arid landscape and a handful of early-closing burger joints that passed for a downtown. The nearest hospital could have fit comfortably on one floor of Bellevue. Even the pulse rate of the patients I examined seemed slower. But there was something intoxicating about the sparseness. Everything seemed whittled to the bone.

When I stumbled upon Frank Huyler's debut book, *The Blood of Strangers*, it resonated immediately. He was in the "big city"—Albuquerque—but the mournful desert permeated nevertheless. Huyler was different from the other doctor-writers I'd been reading. His patients weren't named, not even with pseudonyms. His language seemed ordinary, his sentence structures plain. But it was not a literary laziness. It was a seduction, a carefully constructed doorway to a riveting tale. Before you knew it, you were wrenched into the drama of someone's life, unable to stop reading until the chapter end.

Two decades later, Huyler has published, *White Hot Light*. It is another collection of economically written patient encounters, still set in New Mexico. *White Hot Light* matches its predecessor with its Carver-like prose, but etches its own spot in the medical-literary firmament with an understated urgency.

Now a physician in middle years, Huyler eyes his profession differently. He's been practicing emergency medicine for a quarter of a century. The movements, the diagnoses, the procedures, the staff interactions are all second nature. What's different is the consciousness, the prowling reflection, the circumspection lurking at the edge of each of the well-trod steps he takes. The observation that "[t]ragedies are not entropy. They are competing forms of order." p227

In the story "The Mirror," a young Native American woman shows up in the emergency room (ER) with an angry gash in her face. Suturing of wounds is standard issue ER scut and normally falls to the intern; the attending physician is needed for too many other things. But Huyler can't countenance this. "I can't let the intern suture this wound," he writes. "She's a young woman, in her early twenties. The scar is waiting for her. It will be there in the mirror when she is eighty-years-old. The scar will be there long after I'm gone and forgotten." p243

The idea that our medical handiwork may outlive us is something that we doctors rarely think about, but as we become older than our patients it is an increasing reality.

At one point in the book, Huyler encounters the obituary of a teacher from his high school, a Canadian boarding school in Kobe, Japan. In "The Teacher," Huyler is able to navigate between his teenage and adult impressions of the teacher. "When you're young, you don't understand the humanity of adults. They might as well be another species entirely—adults, teachers, old people. You cannot see how weak they are, how small they can be, how full of desires and little hopes of their own and weaknesses that grow, rather than recede, as they age." p204-5

After his first year in medical school, Huyler worked with a missionary in South Africa, a Scotsman who spent his professional life laboring in a free clinic, treating tuberculosis of the spine. The Scotsman was the only orthopedic surgeon in a tribal homeland of six million people. In the essay, "The Boy in the River," Huyler reflects, "I can still picture the doctor...I can see him with perfect clarity. He was an intelligent man. He had given his entire life to this work, to this endless struggle, and now he is forgotten by all but the few. I think about him, a stranger, a man I hardly knew, because I am nearly his age now, and great amounts of time are gone, and yet it still feels somehow like the beginning." p227

"The Sleeper," is about a construction worker with vague symptoms and a nondiagnostic EKG who plunges into cardiac arrest. He's whisked to the cath lab and a clot near the posterior side of his heart is dissolved. It's the stuff of TV medical dramas, but it's also just another day. Huyler observes: "Glory, like failure, like so many of the black stories, is private and small in medicine. But there are moments of breathtaking greatness also, and they, too, pass unspoken like ordinary days..." p240

Doctors, nurses, administrators, patients, families—we, too, pass unspoken. Our lives, our loves, our crowning achievements, our daily grind, our lingering insecurities—these all rattle by, urgent and looming in the moment, but tenuous and imperceptible in the vast desert expanse. Frank Huyler captures all these moments in this exquisite collection of essays.

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I Hear Their Voices Singing

Cortney Davis
Antrim House, Bloomfield, CT.
July 6, 2020, 194 pages



2nd Chance

Daniel Becker
New Issues Poetry and Prose
November 26, 2020, 72 pages

**Reviewed by
Johanna Shapiro, PhD**

Cortney Davis, the author of *I Hear Their Voices Singing*, is a nurse, and Daniel Becker, the author of *2nd Chance*, is a physician. The commonalities and distinctions of their poetry are likely rooted in these professional realities.

Given the similarity of their professional backgrounds, many of the themes the poets address at the deepest levels are comparable. Both are committed to healing—their patients, and themselves. Both are attuned to the omnipresence of suffering and death. Ultimately, both poets adopt a somewhat similar position from which to contemplate their surroundings. Their stance is compassionate yet detached. They look at the world with complete honesty and clarity and do not turn away from what they see.

This resemblance is hinted at in the titles of the collections. Becker's *2nd Chance* implies that the first chance

has already been taken and come to nothing. But, beyond the despair of this failure is the comforting idea that everyone deserves another opportunity at life, to finally get it right. In similar fashion, when Davis writes that *I Hear Their Voices Singing*, she finds the possibility of song rising from the rubble of life, but only after witnessing the prodigious suffering of one body after another.

The poetic style exemplified in each anthology is, by contrast, distinctive. Becker crafts long form poetry of association. Leonardo da Vinci observed that, “Everything connects to everything else,” and Becker seems to have taken this insight to heart. Reading his work requires patience and erudition (or easy access to Google). The poems are long and driven by associative thinking. One image leads to another; one word triggers another. Often the thoughts and allusions evoke classic works of literature, music, art, and philosophy. They involve dogs, cholesterol levels, love birds, catheters, and coffins. Becker is a master juggler of image and allusion. He is an expert weaver holding the variegated threads without ever entangling or knotting them.

Skimming Becker's poems, one is initially tempted to sink into bafflement. How can these apparently disparate things (goals of care, piano movers, faith, *Dance of the Marionettes*, Alfred Hitchcock, Dante's *Inferno*, pressure sores, *Liberace*, the “Book of Job,” Medicare loopholes, and hugging) aggregate in the same poem, each making a Hitchcockian cameo? Readers quickly discover that each element is there for a reason; with patience, each reappears to explain itself.

In their randomness, Becker's poems are unnervingly like life. They unspool, they meander; and hidden in the ordinariness of events are occasional little droplets of wisdom.

There is no grammar for these poems; there is no way of diagramming them. They are arbitrary, like life, yet if readers look closely they can catch glimpses of underlying meaning and connection. While everything in these poems just seems to happen, one thing after another, there is a recurring unity.

By contrast, Davis is a structured and specific poet of moments. The collection's organization is highly intentional, arranged around the theme of “voices,” a way to pay respect to each of the scenes she elevates. Davis excels in capturing a specific incident, a moment in time, and then drilling down to develop the image in unexpected and profound ways. She believes in the power and multiplicity of voices; and she ensures that the reader pays attention to the voices she has heard throughout her career.

The idea of “Voices of Healing” bookends the collection; and comparing the poems at the start and the end suggests

the maturing of Davis' understanding of what nursing and healing are all about, as she evolves from a young nursing student into a grandmother leaving her beloved clinic.

Davis goes on to write about "Desire," "Suffering," and "Faith" showing that all of the voices she has encountered throughout her career are singing, no matter the often anguished content of their song.

If Becker's signature motif is the accidental connectiveness of everything, Davis' is the body. Much of Davis' poetry is deeply rooted in "Details of the Flesh." She is always aware of the body, its skin, its heart, its fluids, its smells and what it feels like in her hands. She never loses sight of the fact that nursing is rooted in physicality, physical sensation, touching, bathing, lifting, turning, stroking, and holding.

Davis knows that humans are embodied creatures, and that many of the sources of our suffering are fixed in the frailties and imperfections of the body—as are our pleasures. She loves the body, and sometimes she hates the body. The body burns, it drowns in its own fluids, it undergoes assault, it decays and rots, and humans suffer, sometimes endure, and sometimes die. At the end of the day, both she and her patients understand "that the flesh is everything" ("The Nurse's Task").

Many of Becker's poems are written with a keen sense of the precarity of existence, waiting for that "asteroid out of nowhere" that will blot out carefree existence ("Joint National Commissions Galore"). Existential questions loom large in his writing and the chill of mortality is omnipresent. In "Christmas Bird Count," Becker reflects that, no matter what happens, we naively believe "we'll be perfect again in the morning"—the hubris or hope that allows us to go on living in a world of suffering and risk.

"Reading MiddleBrow Cosmology" combines reflections on cosmology, geometry, and Hebrew interspersed with a wandering cat on the narrator's chest while pondering, "...like Leibniz why something/rather than nothing...." In between the cat's steps, Becker searches the interstices of light and darkness, meaning and emptiness.

The subject of death infuses a good many of Becker's poems. "Security Questions," considers a patient's death, his mother's death, and a couple preparing for the wife's death. Becker concludes that, "tragedy is failed comedy,"

In "Bulkheads," a friend in remission tries to calculate if he has enough time before dying to teach the narrator how to roll a kayak, thus raising the unanswerable question of what do we do with the time we have left. "In Memoriam," has a busy doctor attending the funeral service of a patient. He is thanked by the survivors, but the patient is dead,

so what exactly are they thanking him for? This poem acknowledges how difficult it is for physicians to find self-forgiveness for not being able to defy death.

"Swimming with John's Ghost" imagines going swimming with a long-time friend who has just died. They exchange well-worn aphorisms and banter back and forth. The narrator tells his dead friend to "get real," although of course he never will.

Davis too feels the contingency of life. In "Late Afternoon Nap," as the narrator and her husband drift into sleep, they "hope all hunters are lost/all predators too full to bother."

Though she tries to hide, the narrator of "Almost Fifty" knows death lurks: "Death is in the meadows and the fields." In "Taking Care of Time" the narrator decides to cherish each moment, although the sky is dark and ominous. Death and dying (or not dying) capture Davis' curiosity, sometimes her admiration, and often her compassion.

Davis explores the prospect that death, as well as birth, may be a beginning, an opening into possibility. Sometimes Eros and Thanatos are inextricably intertwined in the same poem—death and desire become inseparable, each seeking a kind of liberation. In witnessing her first death, ("Surgical Rotation"), as "death like a building fell" Davis feels "hard desire," pleading "...let this be, let this be, let this be my life's work."

In "The Barking Dog," as the patient succumbs, visitors and passers-by wonder, "Why doesn't someone/bring in that dog?" When the barking stops, "everyone is relieved," fantasizing that the dog "was taken to a farm/and set free." The poem reminds us how much we misunderstand death, willfully do not wish to know it, and are pleased when it disappears. Only the nurses are mindful, "Every nurse knows/the story/of the barking dog."

In "Stoned," Davis admits the futility of keeping death at bay, "... we nurses with our flimsy cures/pushed every chair against her door/ to keep death out." But they can't, as their patient, Marion, dies high and hungry. In the face of death, Davis is powerless, "I don't like when it's over/ and I realize/I know nothing" ("What the Nurse Likes"). Yet, in the presence of her dying patients, the nurse cannot be "frightened away." The nurse simply stays ("The Body Flute"), wondering whether, "as if somehow because I stay/ they are free to go" ("I Want to Work in a Hospital").

In the process of scattering a friend's ashes, Davis realizes that while she studied, "...How a nurse/might help the body live/...our hardest lesson—when to let the body die" ("Scattering Her Ashes").

Becker's poems also consider his relationship with his patients. In "Home Visit" he contemplates the strange alchemy that occurs when he walks into someone's home, someone's life. Another poem explores how an exchange of erudition, a disagreement, and a shared brandy diminish the essential loneliness that exists between doctor and patient ("Twilight"). Becker's mind often wanders during clinical encounters, seeking kinder, more fertile ground where he can make sense of an often nonsensical and cruel world.

In "Goals of Care," Becker contemplates how best to send his patient home to die, while simultaneously pursuing his larger goal of speculating on the unrelenting nature of the unfairness of the universe, which he compares unflatteringly to "a stiff prostate." After fruitlessly attempting to sort the medicine and the philosophy, the humanity of the relationship emerges in exchanging a medically risky but emotionally satisfying hug with the patient.

Becker grapples with the job of a doctor. Is it to keep track of the pills, to ask about the patient's life, to listen as the patient describes how he learns his ex has died suddenly and he is all alone ("Last Day")? After the death of a challenging patient, the doctor discovers all he has left is prayer for the patient, her long-suffering family, her hoarder house, and the strays she collected ("Even After Retiring").

The poem, "What I Like About Gout" echoes Tolstoy, "Hapless doctors are each hapless in different ways." Becker goes on to ask rhetorically, "How do we salvage our sinking hearts?" in the face of the despair and indignities inflicted on patients in the modern health care system.

"This Is Not a Drill" showcases the diligence of a doctor during an earthquake drill that turns out to be the real thing. The intrepid physician keeps seeing his patients (on time!) in the parking lot. It is a funny and heartbreaking metaphor for the impossibility yet necessity of practicing medicine in a world gone mad.

An important theme for Davis as well is the nurse-patient relationship. In "What the Nurse Likes," she confesses that patient care is "... like owning them." She likes telling patients what to do (although she also likes it when patients don't do what she tells them).

Many of Davis' poems reflect detachment and connection, which seems to reflect Davis' way of managing the suffering that she observes daily. She feels a fierce loyalty toward her patients derived from the physical intimacy they share. In "The Body Flute," she writes, "The doctor and his theory/never owned you." The nurse is the one who walks with the patient, who washes the body, who holds the hand and who accompanies them to the morgue.

The nurses who cared for Davis during a personal health incident ("Blood Clot") inspire her vision of care. "... I vowed/ I would always love their way: Fierce./Physical." "Entering the Patient's Room" shows her intrepid commitment to each patient, as she enjoins herself to "Remain steadfast,/...Let her mind and her body be all that matters."

These two poets reveal that everything is connected to everything: patients to their healers, nurses and doctors to their patients, the living to those long dead, desires to fears, and the butterfly's flapping wing to a raging typhoon. But, it is only because the butterfly has wings, attached to its insignificant butterfly body, that these cosmic linkages persist.

Becker and Davis take unique, sometimes idiosyncratic paths, but their unique visions always express steadfast solidarity with their fellow imperfect, suffering humans. To enhance understanding of the human condition, to ignite compassion, to laugh a little louder and cry a little harder, we owe it to ourselves to forge an embodied connection with these books, savoring their heartbreaking beauty and courage with all our senses alert and engaged.

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Such a Time of It They Had: Global Health Pioneers in Africa

By Raymond V. Downing, MD
Manqa Books, Nairobi, Kenya, 2018
333 pages. Also available as a 22-part podcast at: <https://podcasts.apple.com/us/podcast/such-a-time-of-it-they-had-podcast/id1425670646>

Reviewed by Ron Pust, MD (AQA, University of Arizona College of Medicine, 2010, Faculty)

Dr. Raymond Downing escorts the reader through the daunting, delightful, and sometimes deadly early history of Western medicine in sub-Saharan Africa. Of the colonial era's three Ms—merchant, military, and missionary—Downing is concerned mainly with the medical missionary subset. His years of clinical and community experience and writing in East Africa underpins his ironic insights as he gently pillories himself and his historical comrades.

The historical arc of the book's 19 chapters follows the unfolding of the biomedical enterprise in Africa, with emphasis on the half-century between 1820 and 1870. Each tantalizing chapter picks up an individual theme, personality, or event. Chapter 3 focuses on "An Auspicious Invention" for missionary medicine, and chapter 10 reflects on the fact that "They Themselves Dwelt Apart Like Gods."

Chapter one, "Mingling with Savages," recounts the story of Dutch Dr. Johannes T. van der Kemp (1747-1811), who lived in solidarity with his patients and community much more than most of his expatriate successors. Chapters three through five bring readers intimately into the life of David Livingstone (1813-1873), a scientist and Christian who was so consumed by his adventure in Africa that his family in Scotland spent years alone. Livingstone's wife, Mary Moffat, was a daughter of Robert Moffatt (1795-1883), a Scottish missionary whose family latter left a legacy of its own in Anglophone southern Africa.

Downing, an expatriate practitioner in Africa, breaks into each chapter with a short vignette linking his own experience to the historical stories he tells, often acknowledging the similarities between his cultural biases as an American outsider and the structural expatriate assumptions of the prior two centuries. On page 72, Downing writes that he and his wife, Dr. Janice Armstrong, were "entranced" with improving community health statistics in Tanzania and their developing surgical skills. He cites an incident in which he treated an extended family member's periocular insect bite as trivial in his zeal for the larger, more significant mission in which he and Armstrong were involved.

I have known Drs. Downing and Armstrong for 30 years, from his writing and their earlier clinical work in the Indian Health Service in Arizona, as well as from their work in rural western Kenya where I relieved them at Friends Lugulu Hospital in May 2005. Downing, Armstrong, and I were working with Kenyan primary care physicians to establish the first Kenyan residency in family medicine program at Moi University.¹ Downing died of cancer early in 2020, surrounded by Armstrong and their two children, who also work in Africa, at their home near the Kenyan hospitals where they worked, and where Armstrong continues to work as a pediatrician.

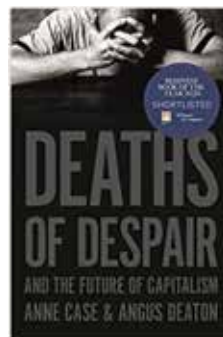
Downing's lasting legacy includes his many books that contrast healing in eastern Africa with "biomedicine" in the United States.²⁻⁴ Adding to this are scores of published articles on similar topics. His contemporary legacy lies with the patients and clinical and academic colleagues

with whom he and Armstrong worked from Appalachia to Africa.⁵

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Deaths of Despair and the Future of Capitalism

Anne Case and Angus Deaton
Princeton University Press, March 17, 2020; 324 pages

Reviewed by Christopher J. McLaughlin, MD (AQA, Virginia Tech Carilion School of Medicine, 2017), Anthony Kronfli, MD, and

Caroline McLaughlin, MD (AQA, Virginia Tech Carilion School of Medicine, 2017)

Which people are born, grow, work, and age, have been popularized over the last decade as an ancillary physiology affecting patients' well-being.¹ It is well established in health care that pathologic processes cause symptoms, a set of symptoms constitutes a disease, and untreated disease leads to death. When social determinants of health become deranged, symptoms develop just as they would for physical illness. However, the diseases created by social determinants of health are not typically detected or treated by the current American health care system. Now, more than ever before, diseases and symptoms rooted in social determinants of

health need to be traced back to their pathologic processes. *Deaths of Despair and the Future of Capitalism* illustrates this concept in an honest and understandable fashion.

Case and Deaton, spouses and professors in the Department of Economics at Princeton University, defined the term “diseases of despair” in a 2015 paper in which they identified the rapidly increasing mortality rate in middle-aged Americans.² “Diseases of despair” are defined as a set of three disorders: substance abuse, including opioid abuse disorders; alcoholic liver disease; and suicide.² Case and Deaton noted the deaths connected to these diseases are substantially increasing the mortality rate of white, non-Hispanic, middle age (45-years-old to 54-years-old) Americans. The authors concluded in their original paper that the increased mortality from diseases of despair in this population segment accounted for the decreasing overall life expectancy in the United States.

Since then, Case’s and Deaton’s findings have been hotly debated. Why this specific population? What are the social and economic factors that drive such a level of specificity? Why are other races not affected? What role does education play in the incidence of opioid overdoses? And where does one get the data to support these conclusions?

These questions are explored and answered in *Deaths of Despair* over four sections. The book begins by setting the stage from a historical standpoint, outlining the pathophysiology of economic and social phenomena from the 1950’s to the 2010’s that changed the American way of life. The introduction details the sources and methods used to characterize the processes underlying diseases of despair, including the Centers for Disease Control and Prevention’s WONDER death certificate database, and decades of national surveys on behavioral health and social trends.

The majority of the book is spent exploring the socioeconomic symptoms that contribute to diseases of despair. Through explorations of educational achievement, race, changing family structures, employment status, religious identity, and the experience of pain in American culture, a comprehensive lens is created, allowing the reader to survey how external factors shape social determinants of health for patients across the U.S. Case and Deaton draw a dishearteningly consistent line between those with and without a college education, showing that the lack of a degree correlates with exponentially higher rates of both diseases and deaths of despair. The shifting needs of the workforce, automation, and loss of “the company man” are put in the context of decreasing employment, waning company benefits, and declining insurance rates among the working class.

Deaths of Despair devotes a chapter to an analysis of the structure of the U.S. health care system. The review is a harsh critique of a complex system, one that is seemingly designed to keep all parties blind when it comes to discerning health care costs. Their commentary on surprise medical billing, physician reimbursement, and the growing administrative burden is an objective economic breakdown of a pathologic process. With rising costs and no foreseeable decrease in demand, the authors conclude that the system must change or risk becoming available only to those who can afford or qualify for it. If physicians are to truly keep the phrase “do no harm” at the core of their profession, then this must include admitting that harm can be caused by the growing costs of health care.

Deaths of Despair names rent-seeking as the root cause of the pathologies contributing to aberrant social determinants of health. An economics term, well-defined and explained in the book, ‘rent-seeking’ is a phenomenon where one party acts to increase their own welfare without creating any benefit to another party. The authors qualify many of the economic phenomena explored in the book as examples of rent seeking. Increasing educational requirements for new jobs is a prime example. Of the 11.6 million jobs created in the recovery from the 2008 financial crisis, 11.5 million were created for those with at least some college education, while only 55,000 rebounded for those with a high school degree or less.³

Another example of rent-seeking is the expansion of lobbying in the U.S. High-income individuals and industries can afford to send emissaries to rule-makers on their behalf. The results of these efforts usually disproportionately benefit the rent-seekers. If careful regulation of lobbying is not established, vulnerable and disadvantaged populations will be affected for generations.

The book does not affirm or condemn capitalism, nor does it require an economics background to understand it. The authors explore how the principles of capitalism that influence the U.S. economy shape the lives our patients lead, and how the changes to this system over the last 50 years amounted to the current epidemic of diseases of despair. The book is conversational enough that its discussions are accessible to anyone.

In 2015, Deaton won the Nobel Prize for Economics for his work on local patterns of consumption, poverty, and welfare of communities. His background shone through in the book, as he detailed the circumstances that lead patients to ration medications, miss doctor appointments, and wait to seek medical care until absolutely necessary, all in an effort to avoid receiving bills they cannot afford.

The framework described in *Deaths of Despair* provides a perspective that is important for physicians to consider. As the COVID-19 pandemic creates never-before-seen economic pressures, an understanding of social determinants of health and the forces behind them will be critical in the provision of quality and equitable care. As recently highlighted in *The Economist*, a disproportionate number of low income, underinsured, and uninsured patients have lost their jobs due to changes resulting from quarantines and the post-COVID-19 economy.⁴ This new economic world disproportionately affecting disenfranchised populations is a prime example of the economic pathologies explored in *Deaths of Despair*.

Sadly, it seems the trends explored in the book are only going to worsen in the foreseeable future. Presently, mortgage default rates are higher than the 2008 housing crisis, unemployment remains at a record high, and millions of Americans are navigating a global pandemic. A worsening economy, one that disproportionately affects those without college education, in rural areas, and with pre-existing conditions, will only serve to widen the growing chasm of despair that will devour more patients.

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